

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>150008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ST CATHERINE</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST CATHERINE HOSPITAL INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4321 FIR ST</b> <b>EAST CHICAGO, IN 46312</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>A Fire Safety Evaluation System (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Validation Survey conducted on 03/05/14 and the PSR conducted 07/29/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/05/14</p> <p>Facility Number: 005008 Provider Number: 150008 AIM Number: 100268310A</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this FSES survey, St Catherine Hospital Inc. was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Validation Survey. Achieving a passing score on the FSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC).</p> <p>This seven story facility with a basement was determined to be of Type II (222) construction and was partially sprinklered. The hospital consists of four connected buildings: The patient Tower, the Block building, the "E" building and the Physician's office building. (POB) The facility has a fire alarm system with smoke detection in the corridors and spaces open to the</p>	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 corridors.	{K 000}			
	St. Catherine Hospital has elected to utilize the categorical Life Safety Code waiver pertaining to relative humidity.				
	The facility has a capacity of 168 beds and had a census of 106 at the time of this survey.				
	Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 11/10/14.				
{K 020}	NFPA 101 LIFE SAFETY CODE STANDARD	{K 020}			
	Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.				
	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure elevator shafts were enclosed with construction with a fire resistance rating of at least one hour in 2 of 4 buildings. This deficient practice could affect any occupant in the "E" building and Block wing.		Correction obviated. Passed FSES.		
	Findings include:				
	Based on review of a Fire Safety Evaluation System (FSES) Fire Safety Features Record Drawings dated 02/22/2013 with the Regional Director of Engineering, the Vice President of Engineering and the Director of Engineering on 03/05/14 from 9:30 a.m. to 2:30 p.m., the public				

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{K 020}	Continued From page 2 and staff elevators in the "E" building and Block wing were equipped with standard steel doors that do not bear a label indicating the fire resistive rating. Based on interview on 07/29/14 at 9:45 a.m., the Director of Engineering acknowledged the facility utilizes the FSES to demonstrate an equivalent level of safety to NFPA 101, the Life Safety Code for the aforementioned condition.	{K 020}			
{K 024}	NFPA 101 LIFE SAFETY CODE STANDARD  The smoke compartments do not exceed 22,500 square feet and the travel distance to and from any point to reach a door in the required smoke barrier does not exceed 200 feet. 19.3.7.1  This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure the travel distance from the most remote point to a smoke barrier does not exceed 200 feet in 2 of 4 buildings. This deficient practice could affect any occupant in the "E" building and Block wing.  Findings include:  Based on review of a Fire Safety Evaluation System (FSES) Fire Safety Features Record Drawings dated 02/22/2013 with the Regional Director of Engineering, the Vice President of Engineering and the Director of Engineering on 03/05/14 from 9:30 a.m. to 2:30 p.m., the travel distance from the most remote point to a smoke barrier exceed 200 feet in Zones 2B, 4A, 5A and 1J. Based on interview on 07/29/14 at 9:45 a.m.,	{K 024}	Correction obviated. Passed FSES.		

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{K 024}	Continued From page 3 the Director of Engineering acknowledged the facility utilizes the FSES to demonstrate an equivalent level of safety to NFPA 101, the Life Safety Code for the aforementioned condition.	{K 024}			
{K 032}	NFPA 101 LIFE SAFETY CODE STANDARD  Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure at least two exits with a least one exit providing a continuous path of travel to an exit discharge were provided. LSC 19.2.4.1 states not less than two exits of the types described in 19.2.2.2 through 19.2.2.10, remotely located from each other, shall be provided for each floor or fire section of the building 2 of 4 buildings. LSC 19.2.2.4 states smokeproof enclosures complying with LSC 7.2.3 shall be permitted. LSC 7.2.3.5 states every smokeproof enclosure shall discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway. Such exit passageways shall be without openings other than the entrance from the smokeproof enclosure and the door to the outside yard, court or public way. The exit passageway shall be separated from the remainder of the building by a 2 hour fire resistance rating. This deficient practice affects any occupant in the "E" building and Block wing.	{K 032}	Correction obviated. Passed FSES.		

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{K 032}	Continued From page 4 Findings include:  Based on review of a Fire Safety Evaluation System (FSES) Fire Safety Features Record Drawings dated 02/22/2013 with the Regional Director of Engineering, the Vice President of Engineering and the Director of Engineering on 03/05/14 from 9:30 a.m. to 2:30 p.m., exit stairs in the "E" building and Block wing do not discharge to the outside or through an approved exit passageway. Based on interview on 07/29/14 at 9:45 a.m., the Director of Engineering acknowledged the facility utilizes the FSES to demonstrate an equivalent level of safety to NFPA 101, the Life Safety Code for the aforementioned condition.	{K 032}			
{K 036}	NFPA 101 LIFE SAFETY CODE STANDARD  Travel distance (exit access) to exits are in accordance with 7.6. 19.2.5.10  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the travel distance to an exit does not exceed 150 feet in 2 of 4 buildings. This deficient practice could affect any occupant in the "E" building and Block wing.  Findings include:  Based on review of a Fire Safety Evaluation System (FSES) Fire Safety Features Record Drawings dated 02/22/2013 with the Regional Director of Engineering, the Vice President of Engineering and the Director of Engineering on	{K 036}	Correction obviated. Passed FSES.		

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{K 036}	Continued From page 5 03/05/14 from 9:30 a.m. to 2:30 p.m., the travel distance to an exit exceeds 150 feet in Zones 1B and 1J. Based on interview on 07/29/14 at 9:45 a.m., the Director of Engineering acknowledged the facility utilizes the FSES to demonstrate an equivalent level of safety to NFPA 101, the Life Safety Code for the aforementioned condition.	{K 036}			
{K 039}	NFPA 101 LIFE SAFETY CODE STANDARD  Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the width of aisles or corridors serving as exit access was at least four feet in 2 of 4 buildings. This deficient practice could affect any occupant in the "E" building and Block wing.  Findings include:  Based on review of a Fire Safety Evaluation System (FSES) Fire Safety Features Record Drawings dated 02/22/2013 with the Regional Director of Engineering, the Vice President of Engineering and the Director of Engineering on 03/05/14 from 9:30 a.m. to 2:30 p.m., the corridor width was reduced to less than four feet in Zones 1F and 1J. Based on interview on 07/29/14 at 9:45 a.m., the Director of Engineering acknowledged the facility utilizes the FSES to demonstrate an equivalent level of safety to NFPA 101, the Life Safety Code for the aforementioned condition.	{K 039}	Correction obviated. Passed FSES.		